

THE EFFECTS OF PLAY INTERVENTION ON HISPANIC CHILDREN'S
READING ACHIEVEMENT, SELF CONCEPT, AND BEHAVIOR

Helen Trevino Lopez, B.A., M.L.A.

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APPROVED:

George S. Morrison, Major Professor
Sue Bratton, Minor Professor
Doug Norton, Committee Member
Linda Schertz, Federation Committee Member
Rebecca Glover, Committee Member and
Coordinator of the Program in Early
Childhood Education
Michael Alterkruse, Chair of the Department
of Counseling, Development, and Higher
Education
M. Jean Keller, Dean of the College of
Education
C. Neal Tate, Dean of the Robert B.
Toulhouse School of Graduate Study

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This study employed a pretest/posttest control group design to investigate the achievement of second grade Hispanic students from a predominantly low socio-economic school in a large metropolitan city. The thirty Hispanic students with the lowest scores on the Gates MacGinitie Reading Test were randomly assigned to the experimental group (n =15) or the control group (n=15). The treatment consisted of 16, 30-minute sessions of play intervention--2 times per week for 8 weeks. The providers of play therapy were school personnel trained in the principles of child-centered play therapy including tracking, reflecting feelings, and setting limits.

Instruments were administered to all subjects prior to the 8 week treatment period and in the two-week period following treatment and included the GMRT, the Joseph Pre-School Primary Self-Concept Test (JPPSCST) and the Child Behavior Checklist Teacher Report Form (CBCTRF). Statistical analyses included a (t-test; 2 tail; $p > .05$),

discriminant analysis, and cross validation.

The results indicated that children who received play therapy did not achieve notably higher mean scores in reading. However, play therapy did improve the experimental group's self-concept scores and their internal behavior scores, though not significantly.

All differences between the experimental and the control groups were within 1 point except the JPPSCST self-concept mean scores were 1.53 in favor of the experimental group. The CBCTRF Internal behavior mean scores were 1.20 in favor of the experimental group indicating a positive trend. The CBCTRF External behavior scores were 2.74 in favor of the control group. None of the differences was statistically significant and the 4 null hypotheses were accepted. The sample size ($N = 30$) suggests the need to exercise caution in interpreting these findings.

Further research utilizing a longer time period between pretesting and posttesting is recommended and may provide more definite information regarding the impact of play therapy on children's reading, self-concept, and internal and external behavioral characteristics.

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By

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CHAPTER I

INTRODUCTION

A concern among current researchers is the lack of reading achievement of some students. Specific behaviors of children as a result of play therapy may offer opportunities for the development of certain skills that impact reading. National indicators in literacy report that Hispanic children are at a 60% higher risk of difficulty in reading than Caucasian students (Arends, 1998). Trends in population demographics suggest that Hispanic children will represent 85% of America's school age children by 2010. Therefore, there is a need for intervention targeted at this population.

Reading is a skill that is central in the American culture, is expected of all students, and is critical to their academic success (Arends, 1998). A variety of remedial programs for reading have been tried, such as allowing the child to feel successful by reading easy books, providing multiple experiences to increase the child's vocabulary, using the whole language approach, the phonetic approach, the kinesthetic approach and many others (Wadsworth, 1996). The results of using these approaches are that some of these programs are successful with some children, while other

programs may be successful with other children, however, there is not a single approach that works for all children (Axline, 1947; Smith, 1982).

The common characteristic in the approaches mentioned is that all of these programs are directed by the teacher (Wadsworth, 1996). Wadsworth also recognized that instruction for students with learning difficulties is usually highly structured, skill oriented, highly repetitive, as well as teacher directed, which Wadsworth suggests is at odds with Piaget's developmental principle for learning--which occurs first as constructivism, which is when children construct their own knowledge out of exploration, interests, and autonomy, then as disequilibrium or cognitive conflict, and finally, children reach equilibration which is cognitive balance. If children have the intellectual capacity to learn to read but are not fully utilizing their potential due either to emotional problems or to lack of prerequisite skills, these children can be helped to demonstrate their abilities (Axline, 1964; Fenstermacher, 1986; Guthrie & Alvermann, 1999).

Axline (1949) revealed that all children have emotional problems, although the intensity may differ. It is further asserted that some of the problems are normal in the life of a growing child while others are more pervasive, such as

being abandoned by a parent. A problem such as this one tends to subdue all of the child's perceptions, thus prohibiting the child from establishing the kinds of relationships that make for happy life experiences. Axline (1949), found that children who were experiencing a difficult time with relationships at home or with peers at school, would "act out" or "shut themselves" off from family and friends.

Mehus (1953) acknowledged that reading is a complicated process and while most children learn to read with ease, others may unwillingly resist it due to unresolved emotional issues such as being afraid or living in a household where there is neglect. The child must also have opportunities to experience success. Mehus (1953), Warnche (1981), and Clay (1982) agreed that there is a definite correlation between reading and emotional factors. While many children get positive feelings of self esteem in the process of growing up, unfortunately, some children do not develop such feelings. According to Wadsworth, (1996), feelings of security and of feeling competent play a critical role in achievement. Children with positive self concepts have been accepted and they know how to succeed. Emotional disturbances can interfere with academic progress because learning to read requires personal initiative and a willingness to take risks, which the insecure child will not

take (Axline, 1949; Mehus, 1953; Purkey, 1970; Warnche, 1981; Crow, 1989).

According to Piaget (1962), play bridges the gap between concrete experiences and abstract thought. In the play therapy room, the child is allowed permissiveness and is given the opportunity to take the lead (Landreth, 1991). He is freed to explore and make choices, to talk or not to talk, to play or not to play, to display his inner desires, feelings, problems, and anxieties and to not be criticized but instead to be valued, accepted, and understood (Landreth, Baggerly & Tyndall-Lind, 1999).

Axline (1949), a pioneer in the field of play therapy, utilized play therapy to alleviate children's reading difficulties and to bring about significant improvements in IQ, self-concept and responsibility. Bills (1950a), Moustakas (1953), Mehus (1953), Seeman & Edwards (1954), Landreth (1991), agreed with Axline (1949) that play therapy has a freeing effect upon the child's intellect and positively impacts a gain in reading scores, responsibility, self concept, behavior, and other areas. Axline (1949) stated that, "given the opportunity the child can and does help himself" (p. 156).

It, therefore, seems appropriate to consider that play therapy may provide children the emotional security they

need to become free from threats such as fear of rejection, deficits in self (Bredekamp, 1997), such as poor self concept and thus be more receptive to reading instruction.

Purpose of the Study

The purpose of this study was to determine the therapeutic effectiveness of a play intervention on low achievers in reading, self concept, and behavior and to provide information about this effectiveness to teachers, counselors, and administrators. Information gained will offer an alternate means of reading remediation, self-concept enhancement, and result in improvement in students' control of behavior. The researcher will use the term play intervention due to the fact that one of the providers was not a trained counselor, but instead, an educator who took one course on basic play therapy techniques.

This study is designed to investigate five research questions:

Research Questions

1. To what extent will play intervention make a difference in Hispanic students' reading achievement scores?
2. To what extent will play intervention make a difference in Hispanic students' self-concept scores?
3. To what extent will play intervention make a difference in Hispanic students' internal behavioral scores?

4. To what extent will play intervention make a difference in Hispanic students' external behavioral scores?

5. How will Hispanic students respond to play intervention?

Therefore, this study in play therapy will be used to determine whether play therapy has positive or negative tendencies in reading, self-concept, and behavior.

Significance of the Study

Play therapy is for children of ages three through twelve and has become popular in school settings where children can be seen during the school day for problems not so severe (Landreth, 1983; Homeyer & Rae, 1998). Play therapy approaches are based on basic principles and methodologies of child-centered, non-directive play therapy (Landreth, 1991) and may be an intervention for children with various problems such as learning disabilities, aggressive behavior, withdrawn behavior, social adjustment problems, including emotional problems, speech difficulties, abuse/neglect, reading difficulties, and traumatization (Landreth, Homeyer, Glover, & Sweeney, 1996).

This study is important to educators, counselors, and researchers because the use of play therapy is becoming more widespread as a way to help children communicate their thoughts and feelings (O'Connor, 1991; White & Allers,

1994; Leblanc & Ritchie, 1999). Play therapy is an intervention that may be helpful to children not only in wearing down the sharp edges of their feelings, but also to make life tolerable, to feel better, and to enhance instructional readiness (Axline, 1949). The current research study will be used to evaluate the effectiveness of play therapy on reading, self concept, and behavior of Hispanic children with low reading levels.

Hypotheses

The following hypotheses were investigated for this study:

1. There will be no statistically significant mean differences in the reading posttest scores between Hispanic children who have been involved in play intervention and Hispanic children who have not been involved in play intervention.

2. There will be no statistically significant mean differences in the self-concept posttest scores between Hispanic children who have been involved in play intervention and Hispanic children who have not been involved in play intervention.

3. There will be no statistically significant mean differences in the internal behavior posttest scores between Hispanic children who have been involved in play

intervention and Hispanic children who have not been involved in play intervention.

4. There will be no statistically significant mean differences in the external behavior posttest scores between Hispanic children who have been involved in play intervention and Hispanic children who have not been involved in play intervention.

Definition of Terms

1. Play therapy--Landreth (1991) defines play therapy as "a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences and behaviors) through the use of children's natural medium of communication, play" (p. 14).

2. Play intervention--A dynamic relationship between a child and a therapist that takes place in a safe playroom where the child is free to fully express and explore the self (thoughts, feelings, experiences and behavior) through play (Landreth, 1991). The researcher used the term "play intervention" rather than play therapy, in this study, due to the fact that the researcher, who was one of the play intervention providers was not a professional counselor but

an educator trained in basic play therapy principles.

3. Nondirective or Child Centered Play Therapy--The belief that the individual has an inherent ability to solve his own emotional problems (Axline, 1949; Landreth, 1982). Children are not guided as to what to play with, nor are they led in any way through the use of questions, rather the children take the lead by choosing the medium with which they desire to express themselves. For example, when a child talks on the play telephone in an angry voice or punches the punching doll repeatedly, he may be expressing anger toward someone in his life.

4. Playroom--An appropriately equipped room with carefully selected toys. The ambiance of the room should say to the child that this is a safe place. Landreth (1991) explains that the toys should take into consideration the children's developmental level and facilitate creativity, nurturance and aggressive emotional expression. Creativity toys include a telephone, paper, markers, crayolas, scissors, paints, play dough, puppets, and dress up outfits. Nurturance toys include a baby bottle, a doll family, play dishes, food, and a crib. Aggression toys include a punching doll, guns, a pounding log, a dart board, snakes, swords, and handcuffs.

5. English as a Second Language Classroom (ESL)--An English as a second language classroom is one where students

who speak or hear a primary language other than English in the home are being instructed in English throughout the day through the implementation of teaching strategies that help make instruction comprehensible to the limited English speaker.

6. Self-Concept--The evaluation an individual makes in regard to self (Coopermith, 1967); operationally defined as the children's scores received on the Joseph Pre-School Primary Self-Concept Scale Test (JPPSCST) with scores ranging from 1-30; the higher scores are more favorable toward a positive self-concept (Joseph, 1991).

7. Internalizing behavior problems--Refers to three of nine syndrome subscales from the Child Behavior Checklist Teacher Report Form used to assess Internal Behavioral disorders: Withdrawn, Somatic Complaints, and Anxious Depressed; Withdrawn behaviors include refusing to talk and preferring to be alone. Somatic complaints include being overly tired and complaints of physical problems without any known cause such as headaches and nausea. Anxious/depressed behaviors include excessive crying, and feeling unloved (Achenbach, 1991). These types of behaviors are symptomatic of an attempt to cope with internal difficulties which are, many times, emotions that are prevented from being expressed and are, instead, directed inward.

8. Externalizing behavior problems--Refers to two of nine syndrome subscales from the Child Behavior Checklist Teacher Report Form used to assess External behavioral disorders which are outward manifestations of inner conflict; delinquent behaviors include stealing and having no guilt, while aggressive behaviors include screaming and fighting (Achenbach, 1991).

9. Reading achievement--Refers to the comparison of children's pretest and posttest reading scores on the vocabulary and comprehension portions of the Gates MacGinitie Reading Test. The vocabulary section included reading and selecting the correct names for pictures and the comprehension section included identifying the picture that goes with the sentence.

10. Tracking--Reflecting to the child what the child is doing at that particular moment (Kottman, 1995) such as, "You've decided to walk over to the puppets and look at each one of them," or "You painted a blue line all the way across the top of your paper". By tracking the child's behavior, the therapist communicates understanding, empathy, and acceptance.

11. Constructivism--Piaget believed children construct their own knowledge (Loeffler, 1992); knowledge is not something external that needs to be memorized by the learner, nor is it something innate that unfolds as the

organism matures; the learner develops knowledge through ongoing, active, exploratory interactions (physical or mental) with the environment (Morrison, 2000).

12. Disequilibrium--Conveys cognitive conflict or a state of imbalance between assimilation, which is to make sense of, and accommodation, which is creating a new schema or modifying an existing schema (Wadsworth, 1996). When disequilibrium occurs, it motivates the child to seek equilibrium, that is, to make sense of new stimuli.

13. Equilibrium--Implies a state of cognitive balance; It is the self regulatory mechanism that insures the developing child's efficient interaction with the environment. "Equilibrium is a necessary condition toward which the organism constantly strives" (Wadsworth, 1996, p. 19).

14. Regular classroom--A classroom containing students who are not considered to be eligible to receive either Bilingual Program instruction or English as a Second Language instruction, but rather, they are eligible to receive the totality of their instruction in English.

15. Provider--The person in the therapist's role. One of the adults conducting the play intervention treatment was not a professional counselor, but an educator who received a three credit hour course in basic play therapy techniques. The second adult was a counselor who completed a three

college hour course in play therapy techniques, as opposed to a therapist who has had numerous courses in play therapy and has fulfilled all the requirements for practicum while under supervision.

16. Feelings--The impression produced upon a person by an object, place, or person (Webster's Dictionary and Thesaurus, 1997); emotions of inner life and relationships (Goleman, 1994).

Limitations and Delimitations

This study was limited by the fact that influences such as maturation, experiences and teaching were not considered. This study was also limited to a convenience sample of two classrooms in a single elementary school. One ethnicity, Hispanics, was studied. There were 15 in each of the experimental and control groups for a total of 30 subjects. Play intervention lasted for 8 weeks, two 30-minute sessions per week.

This study did not consider the prior language of instruction, language difficulties, nor cultural differences. All testing was performed in the school setting by the researcher and four instruments were used to measure reading achievement, self concept, and behavior. The instruments used to measure reading were the GMRT and the WRMT. The JPPSCST was used to measure self-concept and the

CBCTRF was used to measure children's internal and external behaviors.

One of the providers who conducted play intervention sessions was not a counselor, the other provider was a counselor. Both providers partook in a three-semester hour college credit course in basic principles and methodology of child-centered play therapy, therefore, experience and supervision were lacking which could have had an effect on the results of this study.

CHAPTER II

LITERATURE REVIEW

History of Play Therapy

Before play therapy was accepted as an intervention, many analysts or therapists found it difficult to work with children due to the fact that the children could not put their anxieties into words. Analysts would collect observations of children's behavior in hope of finding reasons or causes to explain their behavior (Landreth, 1991).

The first major development in play therapy in the 18th century occurred when Rousseau wrote about the importance of observing play to learn about children and to understand them. His observation was that children were not tiny adults. He is quoted as stating, "give your pupil no kind of verbal instructions; he should receive none but from experience" (Braun & Edwards 1972) which suggests his belief that children learn through action and play. Froebel, in 1903, in his book, The Education of Man, stated that play can be not only pleasurable to a child, but also instructive and therapeutic (Landreth, 1991). He further stated that play is the basis for growth and that it can be looked to for meaning and importance--to observe them is to understand

them, is in reference to children's behavior (Landreth, 1991).

In 1909, Freud published a report of the classic case of "Little Hans", the first recorded case, in which a child's difficulty was attributed to emotional causes (Landreth, 1991). Freud saw Hans only once for a very brief visit. After that, he conducted treatment based on the father's notes, Freud advised Hans's father on ways to respond by offering suggestions.

Hermine Hug-Hellmuth, in 1921, was one of the first therapists to stress play as essential in child analysis and to provide toys for expression to children undergoing therapy (Landreth, 1991). In 1919, Melanie Klein began to use play as a means of analyzing children under the age of six. She provided toys such as little wooden men and women, cars, houses, animals, balls, marbles, paper scissors, glue, paints, clay, and pencils. Klein (1955) encouraged expression of fantasy, anxiety and defenses. She relied heavily on interpretation to gain insight into subconscious and unconscious meanings on children's play. During the same time period, Anna Freud (1928) began to use play in order to influence children to like her and thus gain access to the child's inner life. She, too, emphasized the importance of an emotional relationship between the child and the

therapist (Landreth, 1991). As the relationship between the child and the analyst developed, the content of the therapy session was shifted from play to more verbal interaction. When the child had difficulty expressing his emotions verbally, the therapist would encourage the child to see pictures thereby enabling the child to verbalize his innermost thoughts which the analyst interpreted.

The second major development in formulating play therapy happened in the 1930s with David Levy's work with children who had experienced a specific stressful situation. The child was offered specific toys to reenact traumatic events to allow the child to release the pain and tension they caused. The child was in control of the therapy session and moved from the passive role of having been "done to" into the active role of "doer". The therapist reflected the verbal and nonverbal feelings expressed by the child. In 1955, Gove Hambidge, extended Levy's work. He stressed the importance of the therapist/child relationship, recreating the anxiety producing situation, playing out the situation, and then allowing the child to play freely to recover from the anxiety producing situation (Landreth, 1991). The work of Hermine Hug-Hellmuth, Anna Freud and Melanie Klein was revolutionary in changing attitudes about children and their problems.

The third significant development occurred with the

insurgence of relationship play therapy through the work of Jesse Taft (1933), and Frederick Allen (1934). They deemphasized the importance of the past and the unconscious, and emphasized the present, the here and now, as well as the significance of the therapist-client relationship (Landreth, Baggerly, Tyndall-Lind, 1999).

In 1951, Rogers extended the person-centered therapy theory which is where the client fully experiences the present moment, and increases his own self awareness. The therapist helps the client learn to accept himself, and to decide on ways to change. Rogers then developed nondirective play therapy, later referred to as client-centered therapy, and known today as person-centered therapy (Landreth, Baggerly, Tyndall-Lind, 1999). As a result, the child plays with toys in a carefully equipped playroom.

Axline (1947), brought about the fourth major development in play therapy when she applied nondirective therapy principles to children in play therapy. Nondirective play therapy makes no attempt to control or change the child. The objectives of nondirective play therapy are self-awareness and self-direction by the child (Landreth, 1991). It focuses on the here and now. Its major function is reflection of feelings to convey through empathy, values or attitudes, and hopefully, lead to emotional clarification.

Clients are empowered by their active participation in the therapeutic relationship (Corey, 1996). With the development of play therapy, analysts gained direct access to the child's unconscious (Landreth, 1982). As a result, the child is able to act out thoughts and feelings through play until the sharp edges lose their intensity and the problem becomes manageable.

Play Therapy

Just as adults find relief in talking over their problems or difficulties with an understanding therapist, children, whom often cannot express their thoughts and feelings in words, find release through play (Axline, 1949; Landreth, 1991). This child-centered philosophy allows children to play out their feelings, make their own decisions about which toys to use or what to do in the playroom and feel secure to form a good relationship with the therapist. Children are allowed freedom of choice within limits, are shown total acceptance and trust, and are given full attention and respect.

As children reveal themselves and are totally accepted, they express their feelings openly (Axline 1949; Alexander, 1964; Landreth, 1982). The children discover that their negative feelings are accepted and more importantly, they learn acceptable ways of expressing the negative part of

themselves. After children express inner negative feelings, then positive feelings and attitudes emerge (Guerney, 1983).

Given this totally accepting environment, and through acknowledgement of the children's capabilities, they are able to resolve conflicts and to grow in feelings of security, competence, and worthiness (Axline, 1947, Moustakas, 1953, Landreth, 1991; Landreth, Homeyer, Glover & Sweeney, 1996). Given the therapist's undivided attention, children will direct and conduct their own activity and thereby feel competent to work out emotional difficulties and their feelings will "twist and turn and lose their sharp edges" (Axline, 1949; p. 63).

Axline (1969) developed eight basic principles which guide the therapist in all nondirective therapeutic contacts. The therapist:

1. must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. accepts the child exactly as he is.
3. establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.

5. maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.

6. does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

7. does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

8. establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship (p. 77).

Therapists who have faith in the children to help themselves will use phrases such as, "That's up to you," and "You're the best judge of that". However, the therapist must have a deep belief that children really do possess the capacity for self-growth and self realization. Comments that express acceptance of the child are, "I see," "Mmmhmmm," and "It can be anything you want it to be" (Moustakas, 1953).

Following are summaries of some studies utilizing play therapy as an intervention and their results:

Moulin (1970) worked with 126 first, second, and third

grade students. The experimental group received 12 sessions of client-centered group play therapy and they made significantly greater gains in non-language intelligence than did the control group as indicated on the California Short-Form Test of Mental Maturity and Illinois Test of Psycholinguistic Abilities. There was no effect on academic achievement.

Myers (1970) had one group of mentally retarded children participate in puppet therapy sessions. The experimental group of students, ages 5-12, received puppet therapy sessions 2 times per week for 15 weeks. The comparison group participated in a group activity. The results showed the control group significantly improved emotional adjustment according to the California Test of Personality. The puppet therapy significantly improved overall adaptation of mentally retarded subjects but did not affect intelligence.

In Pelman's (1972) study, 52 socially immature kindergartners, were involved in 6-8 sessions of either individual self-directive play therapy, or group self directive play therapy sessions. The control group received no special intervention. Children in both treatment groups (individual and group play therapy) made positive gains in social maturity as measured by Missouri Children's Picture Services and Children's Self-Social Constructs Tests.

Teacher ratings on the Behavior problems checklist showed significant improvement in classroom behavior by both treatment groups.

Perez (1987) compared three groups of sexually abused children ages 4-9. One group received 12 sessions of group play therapy, while the other group received 12 sessions of individual play therapy sessions. The control group received no intervention. Findings indicated that both treatment groups significantly improved self-concept scores as measured by the Primary Self-Concept Inventory. Also self mastery scores of both treatment groups dropped as measured by Locus of Control Scale. There were no differences between the 2 treatment groups.

Wakaba (1983) studied 3 Japanese boys ages 4 and 5 who stuttered. They were involved in 1-hour nondirective play therapy sessions once per week for 5 months. Their stuttering symptoms improved.

Eight mildly retarded boys ages 4-9 with behavioral problems were participants in 90 one-hour group play therapy sessions extended over a month. Significant improvement was noted on the verbal scale of WISC, 6 of the boys were better adjusted and were no longer considered behavior problems (Leland, Walker, & Taboada, 1959).

Cruickshank & Cowen (1948) studied five physically

handicapped subjects ages 7-9 identified as having emotional problems in school. They received 13 nondirective group play therapy sessions. Three of the children improved their behavior at home and at school significantly. One showed a slight gain. One showed no improvement. All five reported the experience as positive.

In a study of 23 mentally challenged children ages 5-12, Mundy (1957), found that after 9-13 months of play therapy, the mean IQ of the children in the experimental group increased nine points and only two points for the control group who had no intervention. The experimental group also increased in social cooperation and constructive behavior. Their temper tantrums decreased and so did their development of verbal ability as measured by a social adjustment measure.

In Sokoloff's (1959) study, he studied 24 five-year-old children with cerebral palsy. One group participated in 30 sessions of group play therapy. There was no statistical difference in IQ between the two groups, however the experimental group had a four point increase while the speech group dropped two points.

The results of these studies indicate that most of the participants improved in either emotional adjustment, non-language intelligence, social maturity, self-concept, classroom behavior, stuttering, IQ, and fewer temper tantrums.

The benefits children accomplish during play therapy will accompany them to their world outside the playroom (Landreth, 1993; Landreth & Bratton, 1999; Ray & Bratton, 1999).

Play Therapy in the Schools

Aside from the hospital setting where children are usually seen because they are severely emotionally disturbed, and aside from the clinical setting where the parents and the child must be active participants, a third setting is evolving--the school setting with a play therapist.

Counselors were added to the elementary school staffs in the 1960s and were encouraged to meet the developmental needs of all children, not just the maladjusted. It also took on a preventive role (Landreth, 1991). According to Cochran (1996) and Landreth (1993), there are definite advantages to having counselors in the schools, such as providing play therapy to more children rather than just the severe cases, transportation to see a therapist wouldn't be a problem, as students would already be at school and follow-up sessions would be easier. Intervention could happen earlier (Ross, 1972; Landreth, 1993). Nicholson (1973) and Landreth (1983) agree that play therapy belongs in the school setting where many of the childrens' problems

occur. Ross (1972) believed schools need a place where a person is permitted to express overwhelming feelings such as anger, confusion and withdrawal.

According to Landreth (1983), to not provide play therapy in the schools, shows little understanding of the child's world. Landreth (1977) compares limiting the child to verbal communication in counseling, to limiting an adult to the use of puppets for expression of self, for children rarely discuss their feelings, rather, they act them out (Landreth, 1983; Landreth & Bratton, 1999).

The major objectives of play therapy in the elementary school setting are to prepare children intellectually, emotionally, physically, and socially, in order to profit from the instructional experiences offered (Landreth, 1983). Play therapy in the elementary school can be preventive, in that it facilitates the child's growth and understanding of self (Landreth, 1983). Play therapy is also for kids who are dependent, have failed at reading, and have school phobia (Crow, 1989). Bixler (1945) stated that children in nondirective play therapy can bring their problems to the surface and work them out in a shorter time period than under a more direct approach. One big problem, however, is that few counselors are trained in play therapy.

The basic principles in an adult client/therapist

relationship are acceptance, trust, genuineness and empathy. For children's play therapy, the modification is to provide toys for expression. The toys allow children control over their environment (Ross, 1972). Play therapy is justified in that it makes children more comfortable, it is child directed and it is a medium for expression. The therapist accepts and validates the children. The children, in turn, feel free to express emotions, thoughts and behavior (Fall, 1994; Ablon 1996). It is the relationship between the therapist and the child that facilitates changes in children (Axline, 1947, Landreth, 1993; Guerney, 1983). Through the use of specially selected toys in the playroom, the child is able to express his thoughts and feelings by acting them out.

A play therapy room is equipped with expressive materials such as dress-up clothes, guns, a punching doll, clay, paints, pipe cleaners, as well as communicative facilitating materials such as puppets, toy telephones, a tape recorder, a sandbox, dolls, and a dollhouse (Nelson, 1967; Landreth 1991).

Because some children have emotional problems that cause them learning problems, providing play therapy in the school may be the interaction certain children need before they lose the natural love of learning (Fall, Balvanz, Johnson & Nelson, 1999).

Hispanic Culture

Acosta, 1979; Arends, 1998), reported that the Hispanic population is the fastest growing ethnic minority group in the United States. In a recent study by Cochran (1996), Dillan reported that by the year 2060, the United States will no longer have a White majority. With the growth of diverse cultures, Cochran (1996) urged counselors to be trained and to prepare for the specific needs of the culturally diverse population to maximize the likelihood of success. Elements that are strongly influenced by culture are communication, social relationships, play, and behavior.

Cochran (1996), believed play therapy to be beneficial for the culturally different since play is a universal medium of expression, therefore children--all children, can "play out" their feelings and problems. To play is healthy and a growth process whereby the child is in control (Cochran,1996). By using play therapy, it is hoped the child will gain confidence and increased self-esteem. Cicchelli (1990), recognized that children who are culturally different from most of their teachers and the other students may have low self-esteem.

Martinez & Valdez (1992) believed that active therapeutic approaches are effective in producing positive outcomes in children. To prepare the playroom for the

Hispanic child, they recommend adding a flair of cultural decor such as cultural artifacts, wall frames, dolls with dark complexions, childrens' songs and rhymes, ethnic music, cultural games, and kitchen toys that may elicit preparation of ethnic foods. All this should help to bolster the children's self-esteem, build their self expression, as well as maintain their cultural identity.

Rogler, Malgady, Costantino & Blumerthal, (1987), in Vargas and Koss-Chioino, (1992) contend that more research on the results of play therapy with Hispanic children is needed, as second generation Hispanic children are often trapped between two cultures. Also problematic is the fact that tests that measure the cognitive abilities of linguistic minority children have not been widely used (Darder, Torres & Gutierrez, 1997).

During play intervention, where the relationship between the therapist and the child is the driving force of results, there is some cause of concern for the possible lack of bonding between the therapist and the child, especially in first generation Mexican American children reared in traditional ways of respect for older persons with authority. Hispanic children will usually approach the therapist with considerable deference and respect because to be totally familiar or free may feel disrespectful to the

children (Vargas & Koss-Chioino,1992). Some Hispanic cultures value interdependence among family members (Acosta, 1979) which may, at first, make it difficult for the child to be in control in the playroom setting.

In a study by Constantino, Malgady & Rogler (1986), 210 K-3 Puerto Rican children were assigned to one of 4 groups: a control group, a discussion group of original Puerto Rican folktales, a discussion group among children, their moms, and therapists, of American adapted folktales, as well an art/play therapy group. All 3-treatment groups showed significant improvement as measured by Constantino's Behavior Rating Scale and Trait Anxiety Scale of State-Trait Anxiety Inventory. The adapted folktale group reported significantly less trait anxiety than the other groups. The original folktale group and the art/play therapy group reported less anxiety than the control group. The effects of the adapted folktale therapy group were moderate with respect to the art/play treatment, and large in relation to the control group. The original folktale therapy group and the control group differed only slightly. Both folktale groups improved significantly on the comprehension section of the WISC-R, as compared to the art/play therapy group and the control group.

In another study of Puerto Rican children, Trostle (1988), compared 2 groups of 48 children ages 3-6. The

experimental group received 10 sessions of nondirective group play therapy, while the control group participated in unstructured free play sessions. The experimental group improved significantly in self control and on make believe and reality higher developmental behaviors as compared to the control group on the Self Control Rating Scale and Play Observation Scale. The boys in the experimental group became more acceptant of others than the boys and girls in the control group as measured by the Peer Rating Scale.

Results of these studies indicate improvement on behavior, anxiety, and sentence comprehension for Puerto Rican students who participated in play therapy. Again, the strengths children accomplish during play therapy may transfer to their world outside the playroom (Landreth, 1993; Landreth & Bratton, 1999; Ray & Bratton, 1999).

Self-Concept

According to Purkey (1970), the early years are critical in forming children's opinion of themselves. The type of control under which children live has considerable effect on their self-images. Parents are most influential. Children in permissive environments develop less self-esteem than those reared in a firmer and more demanding atmosphere (Coopersmith, 1967). Next to the home, school is the single most important force in shaping the child's self-concept

(Purkey, 1970).

When children enter school, they come with all sorts of ideas about themselves and their abilities. Children's acceptance by their classmates help children form the picture they develop of themselves. By age 7, children form three images of themselves in the areas of academic, social and physical competencies (Purkey, 1970). By age 8, children can verbalize whether they like themselves and how much (Sameroff & Donough, 1994 in Bredekamp, 1997). Children's self-esteem influences and is expressed in their behavior and achievement. In fact, Purkey (1970) and Wirth (1977) believed they could see a reciprocal relationship between self-concept and academic achievement and that by enhancing the self-concept, academic performance would be influenced.

If and when, the educative process was meaningful or relevant to the child and not overwhelming, Purkey, (1970) believed, then the child was likely to grow in self-esteem and in academic achievement. Carlton & Moore (1966,1968) and Crow, (1989) emphasized the importance of self-concept to reading ability as reading is the foundation for all academic learning. Many students have difficulties in school due to the fact that they see themselves as incapable of handling academic work (Purkey, 1970). When children excel academically, they view themselves as adequate, capable

people. On the other hand, when they experience difficulty in academic learning, they often see themselves as inadequate and incapable of achievement. Either extreme, adequacy or inadequacy, in regard to grades, perpetuates the child's self-concept (Lamy, 1965; Wirth, 1977).

Teachers' attention and opinions of their students have a significant influence on their success in schools. If teachers believe students can achieve, students appear to be more successful (Purkey, 1970). When teachers believe the students cannot achieve, then it influences their performance negatively--the self fulfilling prophecy highlighted by Rosenthal & Jacobsen (1968), becomes reality in that children do what is expected of them.

Research indicates that adult supervision, intervention, and coaching can help children get along with peers as well as improve their self-concept (Asher & Williams, 1987). Self-concept is directly influenced by experiences with and feedback from teachers, parents, and friends (Wirth, 1977). To build a positive self-concept requires empathy, responsibility, encouragement, praise and recognition of accomplishments (Wirth, 1977). Being needed and wanted helps uplift the child's self-esteem (Webb, 1969). Before children's self-concepts drop to a minimum, they must rekindle belief in their capabilities as people to do those things in which they are likely to achieve success.

Children with low self-esteem must regain the "I can do it" belief and begin to view themselves as achievers (Wirth, 1977). When children feel comfortable, cared for, and understood in their environment, their sense of self-worth becomes more positive.

The teacher must enter a person's private world to understand how the child is seeing things. This enlightens the teacher to sense what individuals feel about themselves and their world (Purkey, 1970). Play therapy allows for permissiveness that is actually acceptance without limits of all symbolic behavior--be it hostile, sexual, sadistic, or masochistic; all are accepted, respected, and allowed expression through words and play (Landreth, 1982).

In a study by House (1970), the 36 socially maladjusted second graders were divided into an experimental and a control group. The experimental group received 20 sessions of child-centered group play therapy while the control group received no intervention. Results on the Seamin Self Concept Scale showed the experimental group had a decrease in self-concept.

In a study of 84 elementary school children with low self images, Gould (1980) observed 3 groups--one group participated in 12 sessions of nondirective group play therapy, another group participated in a placebo of 12

sessions of a discussion group, and the control group received no intervention. Both treatment groups showed a positive change on the Piers-Harris Children's Self-Concept Scale. The control group had no change. The greatest positive change was from the group play therapy participants.

In her study, Tyndall-Lind (1999) compared 3 groups of children ages 4-9 who had witnessed domestic violence. One group was involved in child-centered group play therapy, another group was involved in individual play therapy, and the third group was the control group. Results indicated that both treatment groups improved significantly in self concept, both groups experienced a reduction in behavior problems--internal and external, reduction in regression, anxiety and depression.

The acceptance, understanding, respect, and care by the therapist offered during a play therapy session apparently builds an overall stronger self-concept in children, lessens their depression, decreases their anxiety and thus improves their learning (Crow, 1989).

Behavior

Several studies using play therapy have been conducted to measure differences in behavior. Seeman, Barry & Ellinwood (1964) observed 16, second and third grade

children who were maladjusted on aggression and withdrawal. The experimental group received 37 nondirective play therapy sessions, and showed marginal significant improvement on the teacher rating scale. When a follow up was conducted, the children in the aggressive group rated below the average child as compared to a control group. The experimental group showed favorable gains in sociometric gains.

In 1970, Clement, Fazzone, & Goldstein conducted a study of 16 socially withdrawn and maladjusted boys. They were placed in 4 groups--the token play group receiving tangible reinforcements whenever social approach behavior occurred, the verbal play group receiving verbal reinforcements by the therapist for social approach behavior, Control Group A, who were placed as a group in the playroom without a therapist, and Control Group B, who were placed in an individual playroom by themselves. All groups received the treatment for 20 sessions.

The token group changed more than the verbal group; the verbal group changed more than Control Group A; Control Group A changed more than Control Group B; Control Group B demonstrated no change on the objectives measured on the California Test of Personality and Devereux Child Behavior Rating Scale. At a follow up conducted 1 year later, the token group continued to be better adjusted than the verbal and control groups.

Clement & Milne (1967) compared third grade socially withdrawn boys in three groups. The first group received nondirective group play therapy and tokens as reinforcements. The second group received group play therapy and verbal reinforcements, while the third group, served as the control group, received play without a therapist.

The mothers of all three groups received guidance as the play sessions occurred. Both treatment groups achieved statistical significance in the area of social adjustment according to the Bender Gestalt, the California Test of Mental Maturity, and the Rorschach. The token group improved in verbal communication, time spent in social play, proximity, as well as on behavior problems. The verbal group showed less dependence on the therapy and increased their verbal communication with peers, increased in proximity, while social play decreased. There was no change in grades nor anxiety, however these areas were not identified as problems prior to the therapy.

Schmidtchen & Holrucker (1978) found that of 50 students ages 9-13, those in the two experimental groups who received client-centered play therapy made significant improvement in social and intellectual flexibility. They also decreased in anxiety and behavior disorders as compared to two untreated control groups.

Thombs and Muro (1973) found that second grade students in the experimental group showed greater positive changes in social position after 15 sessions of relationship theory-based group play therapy than those who participated in the alternate verbal group counseling experimental group. Both experimental groups made significant gains in sociometric status as compared to the control group. The number of participants was 36.

Participants of these studies improved in behavior, social skills, and decreased in their anxiety disorders. Play therapy undoubtedly helps students improve different aspects of their whole person.

Play Therapy and Reading Achievement

Although play therapy has been shown to be effective with a variety of social emotional behaviors such as aggression, abuse, neglect, social adjustment problems, traumatization, and learning disabilities (Landreth et. al., 1996), there are few, carefully controlled studies on the effects of play therapy on reading achievement. Documented studies by Bills (1950a), Seeman & Edwards (1954), Fisher (1953), Dunham (1960), and Noyes (1981), suggest a relationship between a child's emotional adjustment and reading achievement. The self-concept also impacts student learning (Wirth, 1977; Crow, 1989; Purkey, 1970). Providing

children a safe and positive environment should increase their capability to learn and thus improve their self-concepts as well as their desire and motivation to read (Crow, 1989). Several studies found that academic achievement, emotional adjustment, self-concept, and behavior are interwoven and that a problem in one area can affect another area or it can affect the total child (Axline, 1949; Carlton & Moore, 1966; Webb, 1969; Purkey, 1970; Wirth, 1977; Landreth, 1982).

Bixler (1945), found that a 10-year-old child who was behind in reading and who had emotional difficulties was able to work out his problems during nondirective play therapy. The child's IQ score reportedly rose between 20-30 points, however this was not scientifically proven.

Axline (1947), conducted a study whereby a teacher took 37 students (29 boys and 8 girls) who had emotional difficulties as well as the lowest scores on the Gates Primary Reading Test. She offered them therapeutic activities as well as understanding and total acceptance. The teacher allowed the children complete freedom to be themselves and she clarified their feelings and attitudes. 3 1/2 months later, the students exceeded the expected gain of 3.5 on the Gates Primary Reading Test in the areas of "Words" where they scored an average gain of 4.7, "Sentences" with an average gain of 4.7 and in "Paragraphs" with an average gain

of 5.7. All gains were indeed greater than expected. From this study, Axline (1947) concluded that the children's reading problems may have been symptoms of their emotional problems. The implications from this study are that nondirective play intervention approaches might help solve certain reading problems and provide for a better adjustment by the children as well as strengthen their reading readiness once they have worked through their emotional issues and are freer and more open to learning (Crow, 1989). There was not a control group in this study and random selection was not utilized, thus weakening the significance of Axline's (1947) findings.

Bills (1950a), studied 8 poorly adjusted 8 to 9 year old delayed third grade readers in New York City. The 10 children in the control group were not as retarded in reading. The experimental group was given the treatment of nondirective therapeutic play consisting of six 45-minute individual, and three, group play therapy sessions. Upon post-testing, Bills (1950a) found significant gains in reading scores by the experimental group. The pre and post test instrument used was the Gates Primary Reading Test.

In a companion study, Bills (1950b), assessed the effects of play therapy with 8-9 year old children who were well-adjusted, yet delayed in reading. From a class of 30

children, 21 of them showed reading retardation. Of these, he selected 8 children. Again, he provided 6 individual and 3 group play therapy sessions. Bills (1950b), concluded that play therapy did not improve the reading attainment of the adequately, emotionally adjusted children. As a result of both his studies, Bills (1950b) concluded that gains made in reading ability and other academic areas following play therapy were commensurate, or directly proportional, to the amount of the child's emotional maladjustment.

In a study conducted by Axline (1964), her one subject had an IQ of 65. Six months after the play therapy treatment, the subject's IQ rose to 96, and 12 months after the play therapy, the IQ rose even higher, to 105. These results, according to Axline, pronounced the lasting effects of play therapy.

In another study by Axline (1947), she described her three subjects as two who were poor readers and one read too much. There were no pre-and-post tests conducted. The treatment was play therapy. The conclusion reached by Axline was that as children act out their feelings through play, they bring forth their emotional problems that can account for reading difficulties. Axline (1947) further stated that given the opportunity, children will help themselves.

In yet another study, Axline (1949) had the IQ scores

of 15 six- to- seven year-old subjects evaluated before and after a varying number of between 8 to 20 play therapy sessions. There were three outcomes:

Pre Test: IQ low (this group did not complete therapy);

Post Test: IQ scores remained low.

Pre Test: IQ low (this group completed therapy); Post IQ scores increased to normal.

Pre Test: IQ average (play therapy given in a children's home); Post IQ scores remained average.

The conclusion of this study was that the causes of the problems were emotional, not of a nature of mental deficiency, and that the mothers of the subjects whose IQs remained low were disapproving, rejecting, and indicated shame toward their children. The group that completed play therapy had an increase in their IQ scores.

Fisher (1953) matched two groups of eleven-year-old delinquent boys with a mean IQ of 92. Both groups of boys were 3 years delayed in reading and were given remedial reading assistance. The experimental group received nondirective therapy once per week. After six months, the experimental group had made a mean gain of 11.5 months, while the control group had a mean gain of 8.25 months.

Seeman and Edwards (1954) took 38 fifth and sixth grade students from lower socioeconomic status and paired the

students according to score similarity. They were then assigned, one each, to the experimental and control groups. The tests administered as the pre- and- post test measures were the Roger's Personality Test, the Gates MacGinitie Reading Test and the Tuddenham Form of the Reputation Test. The experimental group's treatment consisted of half-hour group sessions of between 4 to 7 students daily. The average number of sessions within the 4-month period was 67. In the report, there was a significant reading gain of 0.69 years, that is, seven-tenths of a year's gain in 4 months, from the experimental group. There were no significant differences on Roger's Personality Test nor on the Reputation Test.

Winn (1959) found that low achieving readers of average intelligence participated in 16 sessions of nondirective relationship play therapy. The experimental group demonstrated significantly greater improvement in personality than the control group. Also, the children from the experimental group that had the lowest personality scores made the greatest improvements in personality. The experimental group did not show significantly greater improvement in reading than the control group. There were 26 subjects ages 7-10.

Dunham (1960) took two groups of 20 nine-year-old children of normal intelligence but severely retarded in reading. The two groups were matched for intelligence, age,

economic area of the school attended, and reading ability. The experimental group received a variety of activities for six months in line with what Axline would have agreed to. Significant gains were made in reading by the experimental group. Since the experimental treatment group was under the direction of a School Psychological Service, this study has been criticized due to the change in emphasis.

In 1976, Pumfrey and Elliot, conducted a study to evaluate the effects of nondirective group play therapy on reading as well as on social adjustment. Eight boys were selected from two schools and placed randomly in the experimental or control group. The experimental group was given nine weekly nondirective group play therapy sessions in a period of 3 months. There were differences found in the reading progress between the experimental and the control groups but the differences were not significant. Furthermore, Bills' (1950a) findings, that play therapy significantly improved reading scores of children with emotional problems, were not confirmed.

Wishon (1975), compared delayed first grade readers with average IQs when compared using the Identification/Friend sub-test of the Long-Henderson Children's Self-Social Constructs Test. The experimental group received 32 nondirective play therapy sessions over 16 weeks and they

scored significantly higher on achievement, self concept, and self-constructs. Girls in the treatment group performed significantly better than the girls in the control group.

In a study by Noyes (1981), sixth grade students were administered the Gates MacGinitie Reading Test as a pre-test in September, and had scores ranging from 3.5 to 5.5, and again, as a post-test in May, and had scores ranging from 6.1 to 11.6. This was the largest increase when compared to the other sixth grade classes at Noyes' school. The treatment in Noyes' study was sandplay utilizing a collection of small figures a few minutes per week, in addition to reading remediation. Noyes (1981) also noted that sandplay reduced depression and anxiety in the students.

In her 1989 dissertation research study consisting of 24 retained first grade students, Crow provided 10 sessions of play therapy, once per week, to the experimental group of 12 students. The pre- and- post tests used were the Gates MacGinitie Reading Test, the Piers Harris Children's Self-Concept and the Intelligence Achievement Response Questionnaire. The results indicated that, although play therapy did not significantly increase the experimental group's measured reading ability, it did cause higher self concept scores, therefore Crow (1989) concluded that play therapy in a school setting does have a positive effect on

children who are low achievers in reading.

Summary

Given the positive effects on reading (Axline, 1947; Bills 1950a; Fisher, 1953; Seeman & Edwards, 1954; Dunham, 1960; Noyes, 1981), on IQ (Bixler, 1945; Axline, 1947, 1949; Mundy, 1957; Sokoloff, 1959), on self-concept and internal locus of control (Wishon, 1975; Gould, 1980; Perez, 1987; Tyndall-Lind, 1999; Crow, 1989), on behavior (Mundy, 1957; Leland et. al.; Clement and Milne, 1967; Pelham, 1972; Schmidtchen and Hobrucker, 1978; Tyndall-Lind, 1999) and on emotional adjustment (Makaba, 1983; Leland et. al., 1959), one can surmise that play therapy helped in the majority of cases. Therefore, play therapy proves to be a viable approach for strengthening necessary skills used in everyday life (Axline, 1950; Landreth, 1993; Landreth et. al., 1996; Ray & Bratton, 1999).

CHAPTER III

METHODOLOGY

Site

This study was conducted at a pre-kindergarten through sixth grade school with 750 students of which 96% were Hispanic, 2% were African American, 1% were Anglo and 1% were other. The majority of families are of low socioeconomic status, with 709 of the school's population on free or reduced lunch.

The Subjects

The subjects were from two second grade classrooms, one Regular, and one English as a Second Language (ESL) classroom. Both classes received their instruction in English all day long. Hispanic students with the lowest scores on the Gates MacGinitie Reading Test (GRMT) were selected to be participants. Permission was obtained from the parents, students, and teachers for the researcher to pretest and posttest at the beginning and at the end of the research study. An explanation of the study and an informal consent form in English and Spanish (Appendices A--C) for each of the thirty identified subjects were sent home by the children to the parents along with a request that these forms be returned within a week. All consent forms were

returned.

Research Design

The subjects involved in this study were from two elementary classrooms, one Regular and one ESL, where students received instruction in English all day. Only the Hispanic students were considered for this study, as the researcher worked in a predominantly Hispanic populated school, and there was no previous research found on the effects of play therapy on Hispanic students. The two classrooms of students were administered the GMRT. The raw scores of the vocabulary and the comprehension portions were totaled for each student.

Thirty low achieving Hispanic students from two classrooms scoring the lowest scores on the GMRT were selected to participate in this study to determine whether play intervention would make a difference on the reading, self concept, and behavior scores of the students in the experimental group. The 30 students' scores were ranked on paper from the lowest score to the highest score according to the GMRT. The students' names were then numbered from 1 to 30. The numbers, 1 through 30, were written on slips of paper and placed in a box. Fifteen slips of paper were then drawn and those corresponding students were placed in the experimental group and received 16 sessions of play

intervention, which was the independent variable. The remaining 15 students were placed in the control group and received the regular classroom instruction without any intervention. All 30 students were pretested with the Woodcock Reading Mastery Test (WRMT) which was administered individually, the Joseph Pre-School and Primary Self-Concept Screening Test (JPPSCST), and rated by the two participating teachers with the Child Behavior Checklist Teacher Report Form (CBCTRF). All tests were handscored except for the CBCTRF which was scored with a software program.

The 15 students in the experimental group were involved in individual sessions of play intervention, during the regular school day, at a time other than Reading time for 16 thirty-minute play intervention sessions--two times per week for 8 weeks. These sessions were conducted by the school counselor or the principal, both of whom had recently completed a three credit hour course in basic play therapy techniques. To provide consistency, each provider saw the same children for the 16 sessions.

A pretest posttest control group design as recommended by Campbell & Stanley, (1963) was utilized to measure the effectiveness of play therapy with second grade students in reading, self-concept, and behavior. The students were randomly assigned to the control group or the experimental group with only the experimental group receiving treatment.

All research hypotheses were tested for significance at the .05 level of confidence.

The pretest-posttest control group design is depicted in Figure 1:

Figure 1.

Pretest-Posttest Control Group Design

Group A R-----O-----X-----O

Group B R-----O-----O

Group A represents the experimental group while Group B represents the control group. The selection process used for belonging to either group was random assignment represented by an "R". The first "O" represents the four pretests that were administered to both groups. The "X" represents the independent variable or treatment which was the play intervention administered only to group A. The dependent variables were reading achievement, self-concept, and behavior. Four instruments were used before and after the treatment. The second "O" in each group represents the four posttests administered to both groups.

Collection of Data

Code identification numbers were assigned to subjects in both groups. A master list of students' names and their assigned code numbers were composed as a reference for the researcher. On all other tables, code numbers rather than

names were used. The researcher administered the pretest batteries which included the GMRT (Comprehension and Vocabulary), the JPPSCST, and the WMRT. The two teachers rated each of the 30 students' behavior using the CBCTRF which lists 113 items. The nine subscales included Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior, and Other Problems. The Internal score included Withdrawn, Somatic Complaints, and Anxious/Depressed while the External score included Delinquent and Aggressive Behavior.

All tests were administered by the researcher during a Two-week period prior to the start of play intervention sessions which were conducted during the school day. The GMRT was administered to both classes as a group in each of their classrooms. The administration per classroom was done in two segments on two different days. From the scores on the GMRT, the 30 Hispanic students with the lowest scores were selected as participants and further administered the JPPSCST and the WMRT individually. The two teachers completed the CBCTRF on each student.

After pretesting was completed, each subject in the experimental group received 30 minutes of individual play intervention sessions two times per week for eight weeks.

The author of this study, along with the schools' counselor, were the play intervention providers. Play intervention sessions for the experimental group were held during the school day, at a time other than reading period, in the play center equipped with carefully selected play materials.

The playroom was the counselor's office, which was equipped with bookshelves to hold all the necessary materials for play therapy. The room was equipped with a restroom with a sink which is recommended by Landreth (1991) so that the child can be autonomous with painting equipment, with cooking activities and with determining the sand texture by deciding the amount of water to add. Nurturing toys included a sandbox, a dollhouse with furniture, two doll families of different cultures, a doctor kit, doll cribs, and baby bottles. In the creativity area there were paints, an easel, markers, a chalkboard, a wipe-off board, dress-up clothes, costumes, crayons, scissors, play dough, flashlights, dishes, games, a puppet theatre, and puppets. The area for aggression toys included a punching doll, handcuffs, a cash register, a lone ranger mask, a nerf ball, darts, dinosaurs, small cars, trucks, and airplanes. The toys are versatile and specially selected to elicit a wide range of emotional expression (Axline, 1969; Guernsey, 1983; Landreth, 1991). Attendance was kept and missed sessions were rescheduled to ensure that each child received 16

sessions.

A typical play intervention session began with the student entering the room while the therapist said, "In this special room, you can play with the toys in almost any way you want." The therapist proceeded to sit down in an out of the way positioned chair. The child, when in the playroom for the first time, usually stood in one spot and looked at all the toys in the playroom. The therapist began to reflect right away with phrases such as, "You are surprised to see so many toys in here," or "You are trying to decide what you want to play with first," or "You are wondering if you can play with anything you want. "Generally, the child would then move to the shelves and touch the various toys. The child usually tried to get a glimpse of everything. The therapist followed the child's activities continuously by making statements and reflecting feelings such as, "You are excited to get to play in here today!" or "You're worried that you might get paint on your dress." For the full 30 minutes, the therapist gave undivided attention to tracking the child and reflecting his feelings as he moved around the room or remained in one spot. The therapist usually gave a five minute warning to allow the child time to complete the activity he was working on. The child was not expected to clean up any mess he made--that was the therapist's job

after the child left the playroom. The play therapy session was not to be used as a time to teach.

The same battery of tests were administered to the subjects as posttests during a 2-week period immediately following the 8-week treatment period. The posttest instruments were administered by the same administrator.

Variables in the Study

The independent variable was play intervention in which the experimental group participated. The dependent variables were reading achievement, self concept, and internal and external behavior. These variables were pre- and- post tested using four instruments to determine if play intervention had a significant impact on the experimental group's reading achievement, self-concept, or behavior scores.

Instruments

Both groups of 15 students were administered a battery of four instruments as pretests in October, and again as posttests in December of the same semester of their second grade year.

Gates MacGinitie Reading Test

The GMRT, third edition, published by Riverside Publishing, Itasca, Illinois is a multiple-item paper-pencil test encompassing a vocabulary section and a reading

comprehension section. It measures the reading achievement of children in grades 1 through 12 (MacGinitie, 1989).

The Grade 2, Forms K and L were given because each one is a group test that is simple and time efficient to administer. Both forms consist of two timed subtests--the vocabulary subtest is a 20-minute session, and the comprehension subtest is a 35-minute session.

The third edition of the GMRT was standardized on 77,413 students enrolled in 222 schools, located in 30 states. The students were drawn from private and public school systems in a stratified random sample which was weighted to be representative of the school-age population as of the 1980 U.S. Census data (MacGinitie, 1989). Reliability, or the degree of consistency of the results of the test, was measured, and the alternate form reliability coefficient for Grade 2 Forms K and L vocabulary was .93. The alternate form reliability coefficient for Grade 2, Forms K and L comprehension, was .93 (MacGinitie, 1989).

Joseph Pre-School Primary Self-Concept Screening Test

The JPPSCST was developed to assess the self-concept levels of young children aged 3 years, 6 months, through 9 years, 11 months and utilizes a two choice self-report format. At the beginning of the test, the child is instructed to draw his own face onto a picture of a boy or

girl.

The testing kit consists of two 27 picture card sets--one for boys and one for girls. The drawings are simple black and white line drawings designed to be easily interpreted by young children. The average length of time needed to administer the test is 6 minutes.

The norms for the JPPSCST were drawn from 1,245 children residing in rural, suburban, and urban areas of Illinois. The sample selected included 91% White children and 9% Black or other nonwhite groups appears to reflect the demographic makeup of the U. S. as a whole. A great diversity in socio-economic representation was also taken into account (Joseph, 1979).

Child Behavior Checklist Teacher Report Form

The Child Behavior Checklist Teacher Report Form is designed for ages 5 through 18 in regular school programs. It is designed to obtain teachers' judgments of pupils in a standardized fashion that facilitates comparisons with normative samples of pupils, with other peoples judgments of the same pupils, and with judgments of the same pupils at different points in time. Nine cross informant syndromes are shown on the 1991 TRF profile. They are: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior and Other Problems. The two broad

groupings or syndromes are Internalizing and Externalizing behaviors. The teacher must respond to the list of behaviors for each student by circling a "0", which stands for "not true", a "1", which stands for "somewhat" or "sometimes true", or a "2", which signifies "very true" or "often true". Handscoring requires the use of templates and is complicated. There is a software program that will score the CBCTRF and give one a printout of the results.

According to Achenbach (1991), "...the test, retest reliability of the CBCTRF was found to be high over a mean interval of 15 days, with the mean $r = 0.90$ for academic and adaptive scores and 0.92 for problem scores" (p.65).

Woodcock Reading Mastery Test

The WRMT consists of six tests, which are individually administered. The two tests that compose the readiness cluster are: Visual/Auditory Learning and Letter Identification. The basic skills cluster is composed of word identification and Word Attack tests. The reading comprehension cluster is composed of the word comprehension and the passage comprehension tests. Total reading cluster scores may be obtained from a full scale or a short scale combination of tests. The examiner has the option of administering the full scale or the short scale. The short scale consists of word identification and passage

comprehension and provides an estimate of overall reading ability. The researcher of this study administered the short scale as well as the word attack portion of the test. The WRMT test booklet is available in forms G and H. Each form is contained in an easel kit.

A representative sample of 3,184 students in K through grade 12 and an additional 245 young adults aged 18-22 were tested in 40 states. A stratified multi-stage sampling procedure was used to ensure that a representative group at each grade level was selected.

The instruments used were administered by the researcher. Scoring of the various instruments was done by a combination of software and handscoring.

CHAPTER IV

RESULTS

Analysis of Data

The purpose of this study was to determine the therapeutic effectiveness of a play intervention on low achievers in reading. This chapter will compare pretest results of the experimental and control groups. It will analyze posttest results as well as explain the statistical procedures utilized to reach the findings.

The researcher used the Statistical Package for the Social Sciences (SPSS) to analyze the data. SPSS includes both a statistical language and a system that performs sophisticated data manipulations and analysis with simple instruction (Norusis, 1990). Pertinent student background data and the pretest scores for the Gates MacGinitie Reading Test (GRMT), the Woodcock Reading Mastery Test (WRMT), the Joseph Pre-School Primary Self-Concept Screening Test (JPPSCST), and the Child Behavior Checklist Teacher Report Form (CBCTRF) were entered into the SPSS software program for various types of analyses.

Pretest Comparison Results

The 30 students were randomly assigned to the experimental group which received play intervention or the control group which received the regular classroom instruction. The experimental group had 8 boys and 7 girls. The control group consisted of 5 boys and 10 girls. Table 1, located at the end of this chapter, depicts the pretest mean scores and the standard deviations from the mean. The t-test indicated that none of the differences between pretest mean scores of the experimental and control groups were statistically significant ($p = .05$). This signified evidence for the equivalency of the groups, which were randomly assigned from the 30 students with the lowest scores on the GRMT and suggested that no adjustments were necessary when comparing data collected at the study's conclusion.

Most pretest comparison differences (Table 1) across experimental and control groups were within 1 point except for the GRMT Comprehension section with a difference of 1.47 in favor of the experimental group. The CBCTRF Internal section had a difference of 1.13 in favor of the experimental group and the CBCTRF External sections had a difference of 1.20 in favor of the control group.

Posttest Comparison Results

Additional description data relative to variables included in the study are reported in Tables 2, 3, and 4.

Table 2 illustrates pretest and posttest raw scores for three of the instruments used in this study. GMRT (comprehension and vocabulary), JPPSCST (self-concept) and WRMT (word identification, word attack, and passage comprehension). See Table 2 at the end of this chapter

The experimental subjects' (#1-15) and the control Subjects' (#16-30) gender and pretest and posttest behavior scores are listed in Tables 3 and 4 respectively. The nine subscales are: 1. Withdrawn, 2. Somatic Complaints, 3. Anxious Depressed, 4. Social Problems, 5. Thought Problems, 6. Attention Problems, 7. Delinquent Behavior, 8. Aggressive Behavior, and 9. Other Problems. The internal scores consist of subscales entitled withdrawn, somatic complaints, and anxious depressed. The external scores include subscales entitled delinquent behavior and aggressive behavior. See Tables 3 and 4 at the end of this chapter.

Discriminant Analysis Results

Discriminant analysis (Klecka, 1980) was utilized to test the study's substantive hypotheses. For purposes of the discriminant analysis, the number of dependent variables was streamlined. This was done due to the relatively small sample size employed in this multivariate analysis. The reading variable was originally measured with two instruments, the GMRT, which measured comprehension

and vocabulary, and the WRMT, which measured word identification, word attack, and passage comprehension. The two tests were deemed redundant as they measured the same constructs, provided the same information, and would take up more degrees of freedom. For this reason, and because the sample was relatively small, the researcher decided to drop the WRMT results and use solely the GMRT to measure reading achievement. The GRMT had a smaller number of items or sections (Vocabulary and Comprehension) and thus took up fewer degrees of freedom.

The CBCTRF subscales were also narrowed into two broad categories of behavior (Internal and External), as suggested by Achenbach (1991), instead of the nine subscales. Again, due to the smaller number of items, using two broad categories of behavior, rather than the nine, took up fewer degrees of freedom, which was preferred.

As mentioned previously, unadjusted posttest data for the dependent variables were utilized in the discriminant analysis due to the equivalency of the pretest mean scores for the experimental and control groups. The purpose of the discriminant analyses was to test the study's four substantive hypotheses. Posttest data comparison results in Table 5 indicates that there was a positive difference of 0.20 favoring the experimental group on the comprehension section of the GRMT, and a 0.06 difference in favor of the

control group on the vocabulary section of the GMRT. CBCTRF data indicated a 2.74 difference in favor of the control group on the External category of the CBCTRF. On the Internal category of the CBCTRF, the experimental group had a favorable posttest mean score difference of 1.20 (a lower score is better on the CBCTRF). Also, the experimental group outperformed the control group on the JPPSCST score with a difference of 1.53. See Table 5 at the end of this chapter.

The discriminant analysis of the data presented in Table 5 was used to test group differences in all the dependent variables at one time, which honored the multivariate reality of the data. The discriminant analysis of data for the experiment ($N = 30$) yielded a moderate effect size of 20.6 % (Wilks' lambda = 0.794; chi square (5 df) = 5.883; ($p > .05$), indicating a statistically nonsignificant difference in the performance of the experimental and control groups.

Standardized discriminant function coefficients and structure coefficients for this analysis are presented in Table 6. The two CBCTRF behavior variables (Internal or External) and the JPPSCST variable contributed the most to the discriminant function having structure coefficients greater than /.30/, interpreted as making a meaningful

contribution to the discriminant analysis results. The Gates comprehension and vocabulary reading results had virtually no contribution to the analysis (structure coefficients were near 0 in value).

Because the Wilks' lambda was not statistically significant, none of the study's four null hypotheses which stated that there would be no statistically significant mean differences in the posttest scores for reading, self-concept, and internal and external behavior between Hispanic children who have been involved in play intervention and Hispanic children who have not been involved in play intervention, was rejected. Nevertheless, the discriminant analysis results suggested both a moderate statistical effect and differences in group performance across the self-concept and behavioral measures (See Table 6 located at the end of this chapter).

Cross-Validation Results

As noted above, even though the discriminant analysis yielded results that were noteworthy (effect size = 20.6%), the Wilks' lambda of 0.794 was not statistically significant. Considering that statistical significance is largely a factor of sample size (Daniel, 1998), it is often not the best indicator of noteworthiness and/or stability of results. The present analysis utilized a relatively small

sample for a multivariate analysis ($N = 30$); hence, it would have been difficult to achieve statistical significance even with a relatively strong statistical effect.

In cases such as the above, it is incumbent upon researchers to utilize cross-validation as an aid to assessing result stability as a function of sample fluctuation. Consequently, the sample was split into two subsamples (n of each subsample = 15) using odd vs. even-numbered cases and discriminant results were rerun for each subsample. If the cross validation results are sample invariant, there is evidence of generalizability to the population of interest.

Structure matrices for the odd-and-even-numbered subsample analyses are reported in Tables 7 and 8, respectively (located at the end of this chapter). Similar to the full sample results ($N = 30$), both subsample analyses indicated that the JPPSCST scores and one CBCTRF score contributed highly to the discriminant analysis results. These analyses yielded effect sizes of 11% (Wilks' lambda = 0.89) for the odd-numbered (Table 7) and 34% (Wilks' lambda = 0.66), for the even-numbered (Table 8) subsamples. The odd-numbered subsample, like the original full sample, also yielded an appreciable structure coefficient for the CBCTRF Externalizing subscale.

Although there were some differences in these cross

validation results, the analyses indicate, overall, the consistency of a moderate effect size favoring the experimental group with either the Internal or External behavioral and self concept variables showing small differences and reading achievement variables showing virtually no differences. Hence, the original discriminant analysis results ($N = 30$), are appreciably stable to suggest the appropriateness of a conclusion that the play therapy intervention produced noticeable differences in both self concept and behavior of these second grade children.

Summary of Findings

In summary, results indicate that the statistical null hypotheses that the experimental and the control posttest group means would achieve similar results on the reading variables, the self concept variable, and the behavior variables cannot be rejected; however, the moderate statistical effect found in the discriminant analysis, along with supporting cross-validation results suggest that some differences are noteworthy.

Null hypothesis 1, which predicted that Hispanic children who received play intervention would achieve similar mean scores on the reading scores as would children in the control group, was not rejected.

After eliminating the WRMT results due to the

redundancy of constructs measured on both tests and due to the small sample, the researcher used only the GMRT posttest scores to measure reading achievement. The GRMT comprehension scores for the experimental group were only 0.20 points higher than the control group's scores. On the vocabulary section, there was a 0.06 difference in favor of the control group. Play intervention did not make a statistically significant difference in the reading scores of second grade Hispanic students in the experimental group. Although there were slight differences, neither of the differences was statistically significant, therefore null hypothesis 1 was not rejected. Null hypothesis 2, which predicted that Hispanic children who received play intervention would achieve similar mean scores on the self concept posttest scores between Hispanic children who have been exposed to play intervention and Hispanic children who have not been exposed to play intervention, was also not rejected. The JPPSCST indicated a 1.53 difference in favor of the experimental group. Although play intervention did impact the experimental students' self concept scores, this difference was not statistically significant; therefore, hypothesis 2 was not rejected.

Null hypotheses 3 and 4, which predicted that Hispanic children who received play intervention would achieve

similar mean scores on the internal and external behavior posttest scores between Hispanic children who have been exposed to play intervention and Hispanic children who have not been exposed to play intervention were also not rejected. The CBCTRF indicated a 1.20 difference on the internal category favoring the experimental group, while the scores on the external category favored the control group by 2.74. Again, these differences, though appreciable, were not statistically significant and therefore, hypotheses 3 and 4 were not rejected.

Table 1

Comparison of Pretest Mean Scores

<u>GROUP</u>		<u>N</u>	<u>Mean</u>	<u>Std.</u> <u>Deviation</u>	<u>Std. Error</u> <u>Mean</u>	<u>T. Cltd.*</u>
JOSEPH	Experimental	15	26.1333	2.8752	.7424	.501
	Control	15	25.5333	3.6423	.9404	
WRDID	Experimental	15	39.7333	10.5388	2.7211	.269
	Control	15	38.7333	9.8377	2.5401	
WRDATK	Experimental	15	13.2667	7.8145	2.0177	.000
	Control	15	13.2667	7.7779	2.0082	
PSGCMP	Experimental	15	19.8000	8.8737	2.2912	-.240
	Control	15	20.4000	3.8693	.9990	
GTSVOC	Experimental	15	17.8667	4.1208	1.0640	.516
	Control	15	16.8667	6.2663	1.6180	
GTSCOMP	Experimental	15	21.8000	8.3512	2.1563	.483
	Control	15	20.3333	8.2779	2.1373	
TRFIN	Experimental	15	.6667	.8997	.2323	1.774
	Control	15	1.8000	2.3053	.5952	
TRFEXT	Experimental	15	3.4000	7.0183	1.8121	.472
	Control	15	2.2000	6.8993	1.7814	

* All t-tests were statistically nonsignificant ($p > .05$).

Table 2 Posttest Scores for Reading and Self Concept Tests

	<u>GATES</u>		<u>GATES</u>		<u>JOSEPH</u>		<u>WOODCK</u>		<u>RDG</u>			
	<u>Comp</u>		<u>Voc</u>		<u>SC</u>		<u>ID</u>		<u>Atk</u>		<u>PsCp</u>	
#	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>	<u>Pre</u>	<u>Post</u>
1	9	10	11	10	26	26	21	17	7	5	7	5
2	13	19	13	7	28	29	27	29	3	5	3	8
3	12	12	14	13	21	24	24	29	3	12	12	16
4	10	29	15	16	26	29	36	40	7	18	17	25
5	11	15	12	14	20	29	27	30	4	7	6	12
6	24	28	17	30	25	25	42	48	11	6	21	23
7	22	38	20	27	29	27	42	43	11	12	26	24
8	25	27	17	19	26	30	37	41	9	20	21	25
9	26	39	19	29	29	29	49	70	17	38	24	32
10	25	37	21	25	27	29	46	52	20	31	32	26
11	29	33	21	27	23	22	46	49	18	23	25	33
12	31	31	20	29	26	29	53	57	28	27	28	31
13	31	27	21	28	29	23	51	63	21	26	28	31
14	30	37	22	26	29	23	50	56	19	33	23	42
15	29	29	25	27	28	30	45	53	21	23	24	24
16	10	26	8	26	26	27	37	50	13	4	20	24
17	8	18	11	13	28	24	25	29	8	11	14	13
18	12	13	10	5	24	18	19	26	4	5	16	11
19	13	21	17	12	30	30	42	43	0	13	18	19
20	17	39	12	23	17	20	34	41	8	8	21	25
21	18	23	13	25	29	29	32	42	25	16	19	24
22	17	24	14	24	27	29	41	42	16	25	22	27
23	17	20	17	14	25	22	29	40	9	14	16	21
24	21	28	17	19	26	28	35	44	13	14	19	26
25	23	26	19	28	25	27	46	55	14	16	18	31
26	29	29	20	28	24	27	45	48	11	20	26	28
27	23	39	27	32	25	28	52	62	26	35	28	32
28	29	39	27	30	25	29	54	53	25	35	24	34
29	34	33	23	27	29	28	46	52	19	27	23	34
30	24	30	24	22	19	15	44	50	8	10	22	24

Table 3

Child Behavior Checklist Teacher Report Form Pretest Results

Cd#	Age	Sex	Wtn	Som	Anx	SP	ThP	AtP	DB	Agg	Oth	In	Ex
1	8	M	0	0	1	3	2	27	7	20	0	1	27
2	7	F	0	0	0	0	0	5	0	0	0	0	0
3	7	F	0	0	1	1	0	14	1	7	1	1	8
4	8	F	0	0	0	0	0	0	0	0	0	0	0
5	7	F	1	0	1	0	0	4	0	0	0	2	0
6	7	M	0	0	0	1	0	2	1	1	0	0	2
7	7	M	1	0	2	0	0	4	0	0	0	3	1
8	8	M	0	0	0	0	0	0	0	0	0	0	0
9	7	M	0	0	0	0	0	0	5	5	2	0	10
10	7	M	0	0	0	0	0	0	2	2	0	0	4
11	7	F	0	0	1	0	0	0	0	0	0	1	0
12	7	M	0	0	1	0	0	2	0	0	1	1	0
13	8	M	0	0	0	0	0	6	3	3	0	0	6
14	8	F	0	0	0	0	0	0	0	0	0	0	0
15	7	F	1	0	0	0	0	0	0	0	0	1	0
16	7	M	0	0	0	0	0	0	0	0	0	0	0
17	7	F	1	0	0	0	0	8	0	0	0	1	0
18	7	F	1	0	2	0	0	2	0	0	0	3	0
19	7	M	1	0	1	0	0	9	0	2	0	2	2
20	7	F	1	0	1	0	0	7	0	0	0	2	0
21	7	F	1	0	3	0	0	0	0	0	0	4	0
22	7	M	0	0	0	0	0	2	0	1	0	0	1
23	8	F	0	4	2	0	1	10	5	22	3	6	27
24	7	F	1	0	1	0	0	0	0	1	2	2	1
25	7	M	0	0	0	0	0	0	0	0	1	0	0
26	7	F	2	3	2	0	0	8	0	0	0	7	0
27	6	F	0	0	0	0	0	0	0	0	0	0	0
28	7	M	0	0	0	0	0	0	0	0	0	0	0
29	8	F	0	0	0	0	0	0	0	0	1	0	0
30	7	F	0	0	0	0	0	1	0	2	0	0	2

Table 4

Child Behavior Checklist Teacher Report Form Posttest Results

Cd#	Age	Sex	Wtn	SmC	Anx	SP	ThP	AtP	DB	Agg	Oth	In	Ex
1	8	M	0	1	3	5	1	24	6	22	3	4	28
2	7	F	0	0	0	0	0	10	3	2	0	0	5
3	7	F	0	0	0	1	0	4	2	4	0	0	6
4	8	F	0	0	0	0	0	0	0	0	0	0	0
5	7	F	2	0	2	0	0	5	1	0	0	4	1
6	7	M	0	0	1	0	0	0	0	1	0	1	1
7	7	M	2	0	1	0	0	1	0	0	0	3	0
8	8	M	0	0	0	0	0	0	0	0	0	0	0
9	7	M	0	0	1	0	0	0	0	7	0	1	7
10	7	M	0	0	0	0	0	2	0	3	0	0	3
11	7	F	1	0	1	0	0	2	0	0	0	2	0
12	7	M	0	0	2	0	0	1	0	0	1	2	0
13	8	M	0	0	0	2	0	6	5	0	0	0	5
14	8	F	1	0	0	0	0	0	0	0	0	1	0
15	7	F	1	0	2	0	0	0	0	0	0	3	0
16	7	M	0	0	0	1	0	0	0	0	1	0	0
17	7	F	1	1	2	0	0	11	0	0	0	4	0
18	7	F	1	0	1	0	0	6	1	0	1	2	1
19	7	M	1	0	1	0	0	9	0	0	0	2	0
20	7	F	3	0	1	0	0	8	0	1	1	4	1
21	7	F	1	0	1	0	0	0	0	0	0	2	0
22	7	M	0	0	0	0	0	0	0	0	2	0	0
23	8	F	0	2	2	2	1	10	4	13	2	4	17
24	7	F	1	0	1	0	0	5	0	2	0	2	2
25	7	M	0	0	2	0	0	0	0	0	2	2	0
26	7	F	1	3	7	1	0	9	0	2	0	11	2
27	6	F	0	0	0	0	0	0	0	0	0	0	0
28	7	M	3	0	0	0	0	0	0	0	0	3	0
29	8	F	2	0	1	0	0	0	0	0	0	3	0
30	7	F	0	0	0	0	0	0	0	2	0	0	2

Table 5

		<u>Posttest Mean Comparison Results</u>				
		JOSEPH2	TRFIN2	TRFEX2	GTSVOC2	GTSCOM
Experimental	Mean	26.933	1.400	4.400	21.800	27.400
	N	15	15	15	15	15
	Std.	2.840	1.502	7.744	7.821	9.432
	Deviation					
Control	Mean	25.400	2.600	1.666	21.866	27.200
	N	15	15	15	15	15
	Std.	4.579	2.746	4.320	7.717	7.884
	Deviation					
Total	Mean	26.166	2.000	3.033	21.833	27.300
	N	30	30	30	30	30
	Std.	3.824	2.259	6.316	7.634	8.542
	Deviation					

Table 6

Discriminant Analysis Function and Structure Matrices

(n = 30)

Instrument	Structure	Function
JOSEPH2	.409	.616
GTSCOMP2	.023	.380
GTSVOC2	-.009	-.161
TRFIN2	-.551	-.688
TRFEX2	.443	.811

Table 7

Matrix for Odd Numbered Cases

Instrument	Structure	Function
JOSEPH2	-.316	.051
GTSCOMP2	-.052	-.002
GTSVOC2	-.302	-.316
TRFIN2	.057	.347
TRFEX2	.845	1.065

Table 8

Matrix for Even Numbered Cases

Instrument	Structure	Function
JOSEPH2	.596	.744
GTSCOMP2	.120	-.468
GTSVOC2	-.038	-.203
TRFIN2	-.589	-.761
TRFEX2	.140	.315

CHAPTER V

DISCUSSION

Results of this study will allow examination of play intervention in general as well as in the public school setting. The results of this study will help to determine whether play intervention benefits the child in the development of reading, self concept and behavior.

Hypothesis 1

Null hypothesis 1, which stated that, the Reading posttest group mean scores for Hispanic children in the experimental and control groups would be similar after play intervention was accepted.

In this research study, as in those by (Bills 1950b), Pumfrey & Elliot (1972), and (Crow, 1989), play intervention had no statistically significant effect on reading achievement as measured by standardized reading tests. On the Gates MacGinitie Reading Test (GMRT), comprehension scores indicated a posttest mean score of 0.20 in favor of the experimental group, while the vocabulary posttest mean score was 0.06 higher for the control group. Providing students the opportunity to be one on one with a supportive provider in a safe environment that allowed for freedom of emotional expression did not significantly increase the

measured reading ability of the Hispanic students in this study. This finding runs counter to studies by Axline, (1947), Bills (1950a), Fisher (1953), Seeman & Edwards (1954), Dunham (1960), Axline (1963), Carlton & Moore (1966), and Noyes (1981). Perhaps the eight-week time frame was not long enough and the 16 sessions were not sufficient to see a significant change in students' reading achievement. A longer time period between the pretest and the posttest and more play intervention sessions might yield a more accurate measure of improvement in reading as measured by standardized reading tests.

Hypothesis 2

Null hypothesis 2, which stated that, the self-concept Posttest group mean scores for Hispanic children in the experimental and control groups would be similar after play intervention, was accepted.

Although the self concept measure did not indicate significant change, there was an increase of 1.53 points in favor of the experimental group as measured by the Joseph Pre-School Primary Self Concept Screening Test (JPPSCST), and discriminant analysis results indicated that self concept scores moderately distinguished experimental and control subjects. The results of the students' self concept scores support the findings of Carlton & Moore (1967), Wishon (1975), Gould (1980), Perez (1987), Crow (1989), and

Tyndall Lind (1999) who found that participants in play therapy exhibited higher self concepts scores than do those who do not participate in play therapy.

Furthermore, observational analysis of the participants in the experimental group confirmed a more positive self concept. Based on anecdotal evidence, the providers initially observed most of the children to be insecure and uncertain in choosing an activity on their own. They appeared to lack autonomy. Teachers confirmed these observations. During play intervention, the students repeated activities for enjoyment, out of need, or for mastery. One extremely shy student spoke only one word and that one not until the 10th session. In session 11, she spoke two sentences. During session fifteen, she spoke thirty words. This student had gained confidence with the provider and felt more self assured. A male student played in the sandbox for 13 of the 16 play intervention sessions. During this time he seemed to get calm and relaxed, which apparently was what he needed. Yet another student who was very quiet and pensive seemed to gain confidence through painting and drawing pictures. Another student felt very much in charge during the sessions and would create letter quizzes whereby the provider was asked to respond to her numerous questions. Whenever she would play tic-tac-toe, she

would make and change the rules to her desire. The student's mother came up to the school to say she had noticed her daughter's self assuredness and her gain in confidence. Near the end of the sessions, the same children would run out of time, indicating increased attention span and interest. The students also initiated coming up to the providers and talking to them throughout the school. They were more assertive with their peers in their classrooms, at the playground, and in the hallways at school. These observations and the favorable JPPSCST mean difference of 1.53 favoring the experimental group, as well as the discriminant analysis findings, prompted the researcher to draw the conclusion that play therapy in a school setting has a positive effect on the self concept of low achieving Hispanic students.

Hypothesis 3

Null hypothesis which stated that the behavioral posttest group mean scores for Hispanic children in the experimental and control groups would be similar after play intervention was accepted.

During the play intervention sessions, one female student took advantage to do things she could never do in real life. She allowed paint to drip heavily all over her picture. She also painted her hand completely. She indicated

her mom wouldn't approve of this and proceeded to undress the dolls--both males and females, and sat them in the sandbox, then she placed handcuffs around their necks and threw them at the punching doll as if she were angry. Another student seemed to enjoy being in control. He moved freely throughout the play room. He hit the punching doll, arranged the furniture--then messed it up, he put on a puppet show and talked for the puppets. He threw a soft ball up in the air repeatedly to catch it, he mixed colors to create new ones and when he finished, he washed the brushes. Both students enjoyed coming to the sessions and didn't want to leave when their time was up.

The Child Behavior Checklist Teacher Report Form (CBCTRF) completed by the two teachers, on each of the 30 participants, indicated a mean difference of 1.20 favoring the experimental group on the Internal category of the instrument indicating that play therapy can be used to help children who won't talk, are withdrawn, nervous, fearful, or who feel worthless (Achenbach, 1991). This positive gain was supported by Cruickshank & Cowen (1948), Clement & Milne (1967), Thombs & Muro (1973), and Schmidtchant & Holrucker (1978). The score on the CBCTRF external category was 2.74 in favor of the control group. It appears that from participation in play therapy, the child learned autonomous behavior which may be translated as aggressive behavior as

measured by the CBCTRF. These findings were substantiated via the discriminant analysis results which indicated that the CBCTRF internal and CBCTRF external scores were the best two variables in discriminating among the experimental and control groups. These findings were also supported by the cross validation analyses.

Conclusions

Although not statistically significant, play intervention helped students to enhance their self concepts according to the JPPSCST, as well as improve control of their internal behaviors such as becoming less withdrawn, having fewer somatic complaints, and decreasing their anxiety according to the CBCTRF.

The small sample size suggests the need to exercise caution interpreting findings and indicates the efficacy of repetition of the study with a larger sample. Allowing more time between the pre and the posttests may allow for the child development process and residual effects to take place and may show a difference in reading scores. Increasing the number of play sessions to 30 may, according to Leblanc & Ritchie (1999), be more likely to cause play intervention to

produce a significant effect.

Implications

Even though, test results did not indicate that play intervention of supposedly well adjusted children, had a positive effect on reading, there are many apparent advantages for children to improve their personality and their interactions with others. Anticipation of the opportunity to be with a supportive adult who focused attention solely on them was clearly evidenced in communicating with the children. Whenever the children saw a provider in the halls or in their classroom, these children would say, "Take me.", "I want to go.", "Is it my turn?". This enthusiasm could potentially lead to higher motivation for learning because the children appeared enthusiastic and comfortable in the school setting. Acceptance by the providers appeared to make them feel competent and with self worth.

Elementary school counselors and teachers are encouraged to utilize play intervention strategies as a vehicle for helping children learn to respect themselves, to gain self control, to learn that their feelings are acceptable, to learn to solve their own problems, to learn to make their own choices, to be more assertive, to gain confidence and to conquer their fears. As Axline (1949, p.

63) stated, when children act out their feelings and emotions in a safe environment, they tend to "...lose the sharp edges".

Recommendations for Practice

Educators need to consider the benefits play intervention brings to the development of the whole child. Using play therapy in the school setting allows for the opportunity to meet developmental needs of all children--not only problem children (Landreth, 1981). Evidence of these kinds of improvements were apparent and observable as play intervention sessions progressed. The play intervention providers in this study witnessed, and the teachers verified, that the Hispanic children in the experimental group become less shy and withdrawn, more self confident, more autonomous, and more assertive. The end result may be a freer, more confident child, one who gains autonomy, and ultimately, becomes a better learner and reader.

It may be that a child's reading scores will improve as his self concept improves. Based on the findings of this study, other recommendations for meeting the needs of low achievers in reading follow:

1. Provide staff development for teachers to learn play therapy techniques to use in the classroom to enhance

students' self-concepts, control of behavior, and to become more open to instruction.

2. Universities should teach education majors basic play therapy skills in order to reach more students and to better address the whole child.

3. Make play therapy training more accessible to school counselors.

4. Combine play intervention along with remedial reading assistance for students who are reading below grade level.

Recommendations for Research

Future researchers may want to explore the following:

1. Allow for a longer length of time between pretesting and posttesting.

2. Provide children with a minimum of 30 sessions of play intervention to make a clear impact (Leblanc & Ritchie, 1999).

3. Determine whether the changed ability of a child according to a standardized test, and after receiving play intervention, remains or disappears over time by testing at various intervals.

4. Increase the sample size.

5. Conduct similar research on different age groups.

6. Utilize licensed counselors who have completed play

therapy training as well as their supervision requirements.

Summary

In summary, each statistical null hypothesis stating that the experimental and the control posttest groups' mean scores would be similar on the reading variables, the self concept variable, and the behavior variables, was accepted. There were some variances in behavior and self-concept scores between the experimental and control groups, however, none was statistically significant, largely due to the sample size employed.

APPENDIX

Dear Parents,

I am the principal at John F. Peeler in the Dallas Independent School District and I am working on a doctorate degree in the Early Childhood Department at the University of North Texas. As part of the research for my dissertation, I am conducting a study which will be of help to teachers, parents, administrators and others who work with children and the teaching of reading. The added knowledge will aid in providing better services to meet the needs of these children. All information will be coded and assure confidentiality.

Because children's concept of self and locus of control have been reported to effect their reading ability, I plan to measure these concepts on two occasions during the school year to see if any changes occur with a treatment of sixteen sessions of play intervention which will be provided to fifteen, or one-half of the students selected for the study. Participation is voluntary and a subject may withdraw at anytime without penalty.

I am trained in basic child play intervention techniques, having completed a course and practicum at the University of North Texas, along with completion of three years of graduate coursework in the Early Childhood department.

If you agree to allow your child to participate in this research, please sign the attached forms and return them to Helen Lopez, principal at John F. Peeler Elementary School.

This research has the approval of the University of North Texas and the Dallas Independent School District.

Sincerely,

Helen Lopez
Doctoral Candidate

THIS PROJECT HAS BEEN REVIEWED BY THE UNIVERSITY OF NORTH TEXAS COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (940 565-3940).

Queridos Padres:

Soy la directora de la escuela primaria John F. Peeler en el distrito escolar de Dallas. Estoy trabajando en la graduacion y titulo del doctorado en el departamento de educacion en la universidad de North Texas. Como parte de mi disertacion, estoy condujiendo un estudio que ayudara a los maestros, padres, administradores y otros que trabajan con ninos en la ensenanza de lectura. Su hijo/a ha sido identificado/a como un nino/a que puede beneficiar con la intervencion de juego.

Porque se reporta que el auto-estima de los ninos afecta la habilidad de lectura, yo espero medir estos conceptos dos veces durante el ano para medir cambios que ocurren despues de dieciseis sesiones de intervencion de juego, que se llevara acabo con quince, o la mitad, de los estudiantes seleccionados para el estudio. Participacion es voluntaria y puede alejar a su hijo/a a cualquier tiempo sin castigo.

Estoy entrenada en tecnicos de intervencion de juego basicos. He completado un curso de estudios junto con la practica requerida en la universidad de North Texas. Ademias, he completado tres anos de cursos en el departamento de educacion.

Favor de apoyarme en este estudio de lectura y auto concepto con firmar las formas y regresarlas a la Sra. Helen Lopez, directora de la escuela John F. Peeler.

Este estudio ha sido aprobado por la universidad de North Texas y el Distrito Independiente de Dallas.

Sinceramente,

Helen Lopez
Candidata del Programa Doctorado

ESTE PROGRAMA HA SIDO REPASADO POR LA COMITE DE LA
UNIVERSIDAD DE NORTH TEXAS PARA PROTECCION DE LOS
PARTICIPANTES (940 565-3940).

Dear Parents,

At John F. Peeler Elementary School, we are experimenting to see if allowing students to participate in play intervention sessions enhances their reading achievement.

At some time during the day, each student in the study will have two thirty-minute sessions of play intervention per week for eight weeks. To measure growth, students' reading abilities, self concept and behavior will be measured at the beginning and at the end of the fall semester. Student names will not be disclosed. A comparison of the experimental groups' results and the control groups' results will be made. We think this will help your child by clearing his mind to better focus on learning to read.

At the conclusion of the study, a summary of group results will be made available to all interested parents. Should you have any questions or desire further information, please call me at (214) 944-3460. Thank you in advance for your cooperation and support.

Sincerely,

Helen Lopez
Doctoral Candidate

THIS PROJECT HAS BEEN REVIEWED BY THE UNIVERSITY OF NORTH TEXAS COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS. THERE ARE NO RISKS INVOLVED. PHONE UNT (940 565-3940).

Student's Name

Student's Signature

__I would like a summary of the results.

Parent/Guardian's Signature

Queridos Padres:

En la escuela John F. Peeler, estoy experimentando para ver si estudiantes que participan en sesiones de intervencion de juego mejoran en el aprendizaje de la lectura.

Durante algun tiempo durante el dia, cada participante tendra dos sesiones de intervencion de juego por semana por ocho semanas. Para medir la crecencia de nuestros estudiantes en las areas de lectura y auto-estima, les daremos exámenes al principio de la intervencion y al fin para comparar los resultados. Creemos que esta intervencion ayudara a los niños para que concentren mejor en las destrezas de lectura. Los nombres de los participantes no seran revelados.

Al fin del estudio, un reporte de los resultados del grupo estara listo para enviar a los padres que interesen. Si tiene preguntas o desea mas informacion, llameme al numero (214) 944-3460. Gracias por su cooperacion y apoyo.

Sinceramente,

Helen Lopez
Candidata del Programa

Doctorado

ESTE PROYECTO HA SIDO REPASADO POR LA UNIVERSIDAD DE NORTH TEXAS PARA PROTECCION DE NINOS HUMANOS. NO HAY RIESGOS. TELEFONO DE LA UNIVERSIDAD DE NORTH TEXAS (940) 565-4477.

Nombre del Estudiante
Estudiante

Firma del

resultados
Firma de los Padres

____ Quisiera reporte de los

Student Consent Form

I understand that my principal, Ms. Lopez, is a student at the University of North Texas. I know she is studying some second grade students at John F. Peeler. I understand that she is wanting to learn if playing in a special play center will help us to read better. I know there will be fourteen students, besides me, who will be studied. I understand that Ms. Lopez will give us tests us at two different times, one time before the "play" takes place and another time at the end of the semester.

I understand Ms. Lopez will code our names so no one will know our scores by name. If I decide not to be studied, I will just say so and Ms. Lopez won't study me. I understand there will not be a consequence. I agree to to be one of the students in Ms. Lopez's research study.

If I have any questions, I know that I can call Ms. Lopez at (214) 944-3460. I can even call her teacher, Dr. Morrison. His phone number is (940) 565-4477.

Student

Witness

Date

CC

Permiso Por el Estudiante

Yo entiendo que usted, la Sra. Helen Lopez, es estudiante en el programa doctoral de la universidad de North Texas y que esta conduciendo un estudio con ninos del segundo grado en la escuela primaria de John F. Peeler. Este estudio le va a ayudar interarse si la intervencion de jugar ayudara a los estudiantes aprender a leer mejor.

Yo entiendo que usted va a evaluar nuestro nivel antes y despues de las ocho semanas de intervencion de jugar. Quince estudiantes van a recibir la intervencion de jugar por treinta minutos dos veces por semana por ocho semanas. Tambien entiendo que todos los resultados son confidencial y que mi participacion es voluntaria. Entiendo que puedo salir me del estudio a cualquier tiempo sin castigo.

Si yo quiero mas informacion sobre de este proyecto, se que puedo llamarle a usted, la Sra. Helen Lopez at numero (214 944-3460) o al Profesor Dr. George Morrison al numero (940) 565-4477).

Fecha

Firma del Estudiante

ESTE PROYECTO HA SIDO REPASADO Y APROBADO POR LA COMITE DE LA UNIVERSIDAD DE NORTH TEXAS PARA LA PROTECCION DE SERES HUMANOS (940 565-3940).

Dear _____,

Last week three forms were sent to you concerning a special study in which your child has been included. If you have already completed the forms and returned them to school, please accept my thanks. If not, I would appreciate your sending the forms in by your child tomorrow. If you have misplaced the forms, please call me at (214)944-3460 and I will be glad to send another set by your child for you to complete, sign and return. I must have all forms in by _____.
Your help is greatly appreciated.

Sincerely,

Helen Lopez
Doctoral
Student

December 1999

Dear Parents,

The test results of the experimental study in which your child participated are complete. I want to thank you for your cooperation and support in this study. To obtain these results, a phone call or conference can be scheduled by calling me at school at (214) 944-3460 between 3:45-4:30 p.m.

Thank you again for your support.

Sincerely,

Helen Lopez
Doctoral Student

Dear Teachers,

Some children in your classroom have been identified as having difficulties in the area of reading. I have designed a special program for such children to promote their readiness for reading.

Because children's concept of self and locus of control have been reported to effect their reading ability, I plan to administer instruments to measure the students' reading ability and their self-concept before and after these children are included in sixteen 30 minute sessions of specially structured play intervention. The sessions will

be conducted by me and/or the school counselor. I am trained in basic child play intervention techniques having completed a graduate course and practicum, as well as three years of graduate work in the Early Childhood Department. Our counselor has recently completed a course and practicum on play intervention as well.

The research has the approval of the University of North Texas and the Dallas Independent School District.

Sincerely,

Helen Lopez
Doctoral Candidate

To Whom It May Concern:

As a part of my doctoral studies at the University of North Texas, I must perform research. I have chosen a quantitative research approach and the purpose of the study is: "To determine whether play intervention will significantly increase Hispanic students' reading ability and self concept".

For this project, I have selected two second grade classes at John F. Peeler that are taught in English. One group of fifteen Hispanic students will be in the control group and a second group of fifteen Hispanic students will be in the experimental group. The experimental group will receive sixteen thirty-minute sessions of play intervention twice a week during a time block other than "Reading" to clear their minds of any emotional blocks so they are better able to focus on learning to read.

The pre- and- post test instruments used to measure any gains will be the *Gates MacGinitie Reading Test*, the *Woodcock Reading Mastery-Form G*, the *Joseph Preschool and Primary Self Concept Scale* and the *Child Behavior Checklist Teacher Report Form* administered at the beginning and again at the end of the fall 1999 semester.

The two teachers involved have agreed to the intervention. Upon approval from the DISD and UNT, I will send copies of the attached information letter in English and in Spanish to the parents of the students in the experimental and control groups.

Thank you for your consideration. I hope to hear from you very soon.

Sincerely,

Helen Lopez
Doctoral Candidate

Dear Mr. O. Rodriguez (District VI Asst. Supt.):

As a part of my doctoral studies at the University of North Texas, I must perform research. I have chosen a quantitative research approach and the purpose of the study is: "To determine whether play intervention will significantly increase Hispanic students' reading ability and self concept".

For this project, I have selected two second grade classes at John F. Peeler that are taught in English. One group of fifteen Hispanic students will be in the control group and a second group of fifteen Hispanic students will be in the experimental group. The experimental group will receive sixteen thirty-minute sessions of play intervention twice a week during a time block other than "Reading" to clear their minds of any emotional blocks so they are better able to focus on reading readiness.

The pre and post instruments used to measure any gains will be the *Gates MacGinitie Reading Test*, the *Woodcock Reading Mastery-Form G*, the *Joseph Preschool and Primary Self Concept Scale* and the *Child Behavior Checklist Teacher Report Form* administered at the beginning and again at the end of the fall 1999 semester.

The two teachers involved have agreed to the intervention. Upon approval from the DISD and UNT, I will send copies of the attached information letter in English and in Spanish to the parents of the students in the experimental and control groups.

Thank you for your consideration. I hope to hear from you very soon.

Sincerely,

Helen Lopez
Doctoral Candidate

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